

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

35888

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>2074</u>		Registrar's No. <u>152</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON 1002</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>803 E. GLADYS</u>				d. STREET ADDRESS (If rural, give location) <u>803 E. GLADYS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTUDE</u>		b. (Middle) _____		c. (Last) <u>PAYTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-50</u>	
5. SEX <u>F. I</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>DEC 27, 1901</u>		9. AGE (In years last birthday) <u>48</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 MRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE FACTORY WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY</u>		11. BIRTHPLACE (State or foreign country) <u>DUNNELL CO, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.W. PAYTON</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDA JANE DAVIS</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-01-7876</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs E J Lee - Sikeston Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, cerebral</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Essential</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>Several years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>49</u> , to <u>Oct 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 1</u> , 19 <u>50</u> , and that death occurred at <u>11:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. J. Maiter</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Sikeston Mo</u>		23c. DATE SIGNED <u>10/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLODGETT</u>		24d. LOCATION (City, town, or county) (State) <u>BLODGETT MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 23-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home</u>		ADDRESS <u>Sikeston Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 30 1950

SCOTT COUNTY HEALTH CENT

CO. FILE NO. 1050-14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

Raymond Sews

Licensed Embalmer No. 3467

P. O. Address

Likeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.